

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3880

63-028281  
STATE FILE NUMBER

VS 300  
Rev. 4/59

1

2 0891

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4 1

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7 0

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9 153.8

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12 55.2

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Vernon J. Ames

FILED JUL 31 1963

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City, Missouri Length of stay in 1b 23 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Osteopathic Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Ray

c. CITY OR TOWN Orrick, Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED First Middle Last  
PEARL Dorton ESTES

4. DATE OF DEATH Month Day Year  
July 9 1963

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-7-1877

9. AGE (last birthday) 85

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Music teacher-Clerk

10b. KIND OF BUSINESS OR INDUSTRY  
Dept. Store

11. BIRTHPLACE (City and state or country)  
Orrick, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

George M. Dorton

13b. MOTHER'S MAIDEN NAME

Lucy Jane Feuquay

14. NAME OF HUSBAND OR WIFE

Charles B. Estes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO. [REDACTED]

17. INFORMANT Address  
XXXXX Mary F. Endsley, Kansas City

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PERIPHERAL CIRCULATORY COLLAPSE INTERVAL BETWEEN ONSET AND DEATH minutes

DUE TO (b)

DEBILITY FROM METASTATIC CARCINOMA months

DUE TO (c)

Carcinoma of Colon

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 17, 1963 to July 9, 1963 and last saw her alive on July 9, 1963  
Death occurred at 5:57 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Vernon J. Ames

22b. ADDRESS

926 E. 11th Kansas City Mo. 7-9-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-12-63

23c. NAME OF CEMETERY OR CREMATORY

South Point

23d. LOCATION (City, town, or county) (State)

Orrick, Ray, Missouri

24. FUNERAL DIRECTOR

Gowing Funeral Home

ADDRESS

Orrick, Mo

25. DATE RECD. BY LOCAL REG.

7-10-63

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.